

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: center;"> BEST AVAILABLE COPY </div> <div> <small>SERIAL NO.</small> <small>APPLICANT(S)</small> </div> <div> <small>FILING DATE</small> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL CLAIMS							TOTAL CLAIMS						